



## African Federation for Emergency Medicine African Journal of Emergency Medicine

[www.afjem.com](http://www.afjem.com)  
[www.sciencedirect.com](http://www.sciencedirect.com)



### REGULAR FEATURES

#### Ujuzi (Practical Pearl/*Perle Pratique*)



S.R. Nkansah<sup>a</sup>, M. Osei-Ampofo<sup>a,\*</sup>, K. Ekremet<sup>a</sup>, O.K. Offei<sup>a</sup>, K. Antwi-Donkor<sup>a</sup>, R. Oteng<sup>b</sup>, G. Oduro<sup>a</sup>

<sup>a</sup> Emergency Medicine Directorate, Komfo Anokye Teaching Hospital, Kumasi, Ghana

<sup>b</sup> University of Michigan, Ann Arbor, MI, United States

Received 6 October 2014; accepted 15 October 2014; available online 3 November 2014

Ujuzi means skills in Swahili and is intended to be a regular feature for colleagues to share practical interventions, innovations and novelties that have proved useful in the management of patients in the prehospital environment or Emergency Centre. You can let Ujuzi know about your practical ideas by emailing [practicalpearl@afjem.com](mailto:practicalpearl@afjem.com).

#### Nasal foreign body removal from a child using the kiss-of-life

A foreign body in the nose is commonly encountered in the emergency centre (EC), usually in children between 2 and 5 years of age.<sup>1,2</sup> Safe removal of foreign bodies in this age group presents a challenge, as the child may not have sufficiently mastered nose blowing. They may also be apprehensive and as such uncooperative especially in the busy EC setting. Various techniques have been described, all with the aim of removing the foreign bodies quickly and safely with minimal stress to the physician, parent or guardian and most of all, the child. Sedation is commonly required, with trauma to the nasal mucosa and its associated risk of aspiration becoming real concerns.

We describe a technique known as the kiss-of-life which utilises positive pressure from the parent or guardian blowing forcibly into the open mouth of the child whilst occluding the nostril without the foreign body. This is a simple yet effective technique that can be employed in most settings to remove the foreign body, bringing relief to both children and by extension their parents or guardians. It is quick and safe and is applied without the need for any instruments. When properly employed by the parent or guardian, it has been shown to have a success rate of 50% to 60% thereby obviating the need for sedation or ENT consultation in just over half of cases.<sup>3,4</sup>

\* Correspondence to M. Osei-Ampofo. [maxwelloseiampofo@yahoo.com](mailto:maxwelloseiampofo@yahoo.com)

Peer review under responsibility of African Federation for Emergency Medicine.



Production and hosting by Elsevier

#### Procedure

- Explain the procedure to the parent/guardian and the child and obtain consent.
- The parent then places his mouth over the child's open mouth creating a tight seal and blows a short burst of air into the child's mouth whilst at the same time keeping the unaffected nostril closed using the thumb.
- This procedure may be repeated about three times depending on the cooperation of the child.

Nasal foreign bodies that are not removed by this technique may have to be removed by other methods including sedation and removal with other instruments or may require an emergent ENT consultation.

#### Advantages

It is simple and easily performed by parents with minimal instruction. Active involvement of the parents results in overall satisfaction by parents and children alike with reduction in the anxiety factor. Use of this technique when successful results in less time spent in the EC, obviates the need for sedation and anaesthesia making it cost effective and easily applicable in resource constrained centres.<sup>5,6</sup> Even when not successful the technique has been shown to improve visibility of the foreign body by being displaced anteriorly, thereby making it easier to remove with other instruments.<sup>5</sup>

Pitfalls include barotrauma particularly to the tympanic membrane causing rupture or pneumothorax from injury to the lower airways and aspiration of the foreign body especially if the child's trust is not gained to enable full cooperation (both very rare).

**Conflict of interest**

The authors declare no conflicts of interest.

**References**

1. Botma M, Bader R, Kubba H. 'A parent's kiss': evaluating an unusual method for removing nasal foreign bodies in children. *J Laryngol Otol* 2000;**114**:598–600.
2. Francois M, Harioui R, Narcy P. Nasal foreign bodies in children. *Eur Arch Otorhinolaryngol* 1998;**255**:132–4.
3. Alleemudder D, Sonsale A, Ali S. Positive pressure technique for removal of nasal foreign bodies. *Int J Pediatr Otorhinolaryngol* 2007;**71**(11):1809–11.
4. Cook SC, Burton DM, Glasziou P. Efficacy and safety of the 'mother's kiss' technique: a systematic review of the case reports and case series. *CMAJ* 2012;**184**:E904–12.
5. Purohit N, Ray S, Wilson T, et al. The 'parent's kiss': an effective way to remove paediatric nasal foreign bodies. *Ann R Coll Surg Engl* 2008;**90**(5):420–2.
6. Taylor C, Acheson J, Coats TJ. Nasal foreign bodies in children: kissing it better. *Emerg Med J* 2010;**27**(9):712–3.